
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Linda Ann Roberts

Group Art Unit: 2665

Application No.: 09/855,804

Examiner: Jason E. Mattis

Filed: May 16, 2001

Matter No.: BS00337

Title: "Priority Caller Alert"

⁶⁵⁰⁰
VIA FACSIMILE 571-273-8388

Attention: Jason E. Mattis

37 C.F.R. § 1.8 CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on: 4-13-07 (date of transmission).

CYNTHIA BREAU
Name of Person Faxing This Paper

Cynthia Breau
Signature

4-13-07
Date of Transmission

REQUEST FOR REFUND

This Request is submitted to the Office to request a refund in the amount of \$180.00 paid on November 10, 2005 as the IDS fee was submitted after the mailing of the Request for Continued Examination prior to the mailing of the next Office Action in this application, so therefore a certification fee is not believed to be required (37 CFR § 1.97b(3)). Please provide a refund to credit American Express credit card number [REDACTED].


If any questions arise, the Office is requested to contact the undersigned at (757) 253-5729 or bambi@wzpatents.com.


Respectfully submitted,



Bambi F. Walters, Reg. No. 45,197
Attorney for Assignee
PO Box 5743
Williamsburg, VA 23188
Telephone: 757-253-5729

Date: APRIL 13, 2007

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|---|--|---|------------|-------------|--------------|----------------------|-------------------|----------|------|---------------|-----------------|------------------------|---------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>09/855,804</td> </tr> <tr> <td>Filing Date</td> <td>May 16, 2001</td> </tr> <tr> <td>First Named Inventor</td> <td>Linda Ann Roberts</td> </tr> <tr> <td>Art Unit</td> <td>2665</td> </tr> <tr> <td>Examiner Name</td> <td>Jason E. Matfis</td> </tr> <tr> <td>Attorney Docket Number</td> <td>BS00337</td> </tr> </table> | Application Number | 09/855,804 | Filing Date | May 16, 2001 | First Named Inventor | Linda Ann Roberts | Art Unit | 2665 | Examiner Name | Jason E. Matfis | Attorney Docket Number | BS00337 |
| Application Number | 09/855,804 | | | | | | | | | | | | |
| Filing Date | May 16, 2001 | | | | | | | | | | | | |
| First Named Inventor | Linda Ann Roberts | | | | | | | | | | | | |
| Art Unit | 2665 | | | | | | | | | | | | |
| Examiner Name | Jason E. Matfis | | | | | | | | | | | | |
| Attorney Docket Number | BS00337 | | | | | | | | | | | | |
| Total Number of Pages in This Submission: 9 | | | | | | | | | | | | | |
| ENCLOSURES (Check all that apply) | | | | | | | | | | | | | |
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of correspondence Address <input type="checkbox"/> Terminal Disclaimer <input checked="" type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): See Remarks | | | | | | | | | | | |
| Remarks: | | | | | | | | | | | | | |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | | | | | | | | | | | |
| Name (Print/Type) | Bambi Faivre Walters | Reg. No.: 45,197 | | | | | | | | | | | |
| Signature |  | | | | | | | | | | | | |
| Date | APR 13, 2007 | | | | | | | | | | | | |

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| Signature |  | |

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| TRANSMITTAL FORM | | | | | | | | | | | | | | | |
| (To be used for all correspondence after initial filing) | | | | | | | | | | | | | | | |
| Total Number of Pages in This Substantive: 7 | | <table border="1"> <tr> <td>Application Number</td> <td>95/081,001</td> </tr> <tr> <td>Filing Date</td> <td>May 16, 2001</td> </tr> <tr> <td>First Name/Inventor</td> <td>John A. Roberts</td> </tr> <tr> <td>Art Unit</td> <td>2001</td> </tr> <tr> <td>Examiner Name</td> <td>Joan E. Micks</td> </tr> <tr> <td>Attorney Contact Number</td> <td>800-333-3337</td> </tr> </table> | | Application Number | 95/081,001 | Filing Date | May 16, 2001 | First Name/Inventor | John A. Roberts | Art Unit | 2001 | Examiner Name | Joan E. Micks | Attorney Contact Number | 800-333-3337 |
| Application Number | 95/081,001 | | | | | | | | | | | | | | |
| Filing Date | May 16, 2001 | | | | | | | | | | | | | | |
| First Name/Inventor | John A. Roberts | | | | | | | | | | | | | | |
| Art Unit | 2001 | | | | | | | | | | | | | | |
| Examiner Name | Joan E. Micks | | | | | | | | | | | | | | |
| Attorney Contact Number | 800-333-3337 | | | | | | | | | | | | | | |
| ENCLOSURES | | | | | | | | | | | | | | | |
| (List all Enclosures) | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td> <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> New Filing <input type="checkbox"/> Affidavit/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Office/Prosecution/Examination <input type="checkbox"/> Response to Meeting Notice under 37 CFR 1.63 or 1.63 </td> <td> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Unexamined Papers <input type="checkbox"/> PCT/ISA <input type="checkbox"/> PCT/ISA to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Rescission <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Termination/Disclaimer <input type="checkbox"/> Request to Refuse <input type="checkbox"/> CO, Number of CO(s) Remarks: </td> <td> <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Status, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Data Letter <input type="checkbox"/> Other (Enclosures) (Please identify below) </td> </tr> </table> | | | | <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> New Filing <input type="checkbox"/> Affidavit/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Office/Prosecution/Examination <input type="checkbox"/> Response to Meeting Notice under 37 CFR 1.63 or 1.63 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Unexamined Papers <input type="checkbox"/> PCT/ISA <input type="checkbox"/> PCT/ISA to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Rescission <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Termination/Disclaimer <input type="checkbox"/> Request to Refuse <input type="checkbox"/> CO, Number of CO(s) Remarks: | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Status, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Data Letter <input type="checkbox"/> Other (Enclosures) (Please identify below) | | | | | | | | | |
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| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | | | | | | | | | | | | | |
| Name (Printed) | | Reg. No. 6,187 | | | | | | | | | | | | | |
| Signature | | Date 11/10/05 | | | | | | | | | | | | | |
| <table border="1"> <tr> <td colspan="2" style="text-align: center;">CERTIFICATE OF TRANSMISSION (RAC 10)</td> </tr> <tr> <td colspan="2">I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage and first class mail to an envelope addressed to: Commissioner for Patents, PO Box 1418, Alexandria, VA 22304-1418 on the date shown below.</td> </tr> <tr> <td>Name (Printed)</td> <td>Date 11/10/05</td> </tr> <tr> <td>Signature</td> <td></td> </tr> </table> | | | | CERTIFICATE OF TRANSMISSION (RAC 10) | | I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage and first class mail to an envelope addressed to: Commissioner for Patents, PO Box 1418, Alexandria, VA 22304-1418 on the date shown below. | | Name (Printed) | Date 11/10/05 | Signature | | | | | |
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| Signature | | | | | | | | | | | | | | | |

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission: 7

| | |
|------------------------|-------------------|
| Application Number | 09/855,804 |
| Filing Date | May 16, 2001 |
| First Named Inventor | Linda Ann Roberts |
| Art Unit | 2665 |
| Examiner Name | Jason E. Mattis |
| Attorney Docket Number | BS00337 |

ENCLOSURES

(Check all that apply)

☒ Fee Transmittal Form☒ Fee Attached☐ Amendment/Reply☐ After Final☐ Affidavits/Declaration(s)☐ Extension of Time Request☐ Express Abandonment Request☒ Information Disclosure Statement☐ Certified Copy of Priority Document(s)☐ Response to Missing Parts/Incomplete Application☐ Response to Missing Parts under 37 CFR 1.52 or 1.53☐ Drawing(s)☐ Licensing-related Papers☐ Petition☐ Petition to Convert to a Provisional Application☐ Power of Attorney, Revocation
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Remarks:

☐ After Allowance Communication to Group☐ Appeal Communication to Board of Appeals
and Interferences☐ Appeal Communication to Group
(Appeal Notice, Brief, Reply Brief)☐ Proprietary Information☐ Status Letter☐ Other Enclosure(s) (please identify below):

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Name (Print/Type)

Bambi Faivre Walters

Reg. No.:

45,197

Signature

Bambi Faivre Walters

Date

11/9/05

CERTIFICATE OF TRANSMISSION / MAILING

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Name (Print/Type)

Maureen M. Pettine

Date

11/10/05

Signature

Maureen M. Pettine

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Linda Ann Roberts Group Art Unit: 2665
Application No.: 09/855,804 Examiner: Jason E. Mattis
Filed: May 16, 2001
Title: "Priority Caller Alert"

VIA FACSIMILE 571-273-8300

Attn: Examiner Jason E. Mattis

37 C.F.R. § 1.8 CERTIFICATE OF TRANSMISSION

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Maureen M. Pettine

Name of Person Faxing This Paper

Maureen M. Pettine

Signature

November 10, 2005

Date of Transmission

INFORMATION DISCLOSURE STATEMENT

Pursuant to 37 CFR §§1.56, 1.97, and 1.98, the attention of the Patent and Trademark Office is hereby directed to the references listed on the attached Form PTO 1449 (page 1).

This Information Disclosure Statement is being submitted after the mailing of a first Office Action in this application and therefore, a certification fee is believed to be required (37 CFR § 1.97(b)(3)).

It is respectfully requested that the references listed on the attached forms be expressly considered by the Examiner and be made of record in the application and appear among the "References Cited" on any patent to issue therefrom.

Respectfully submitted,



Bambi F. Walters
Attorney for Applicants
Registration No. 45,197
P. O. Box 5743
Williamsburg, VA 23188
Telephone: 757.253.5729

Date: 11/9/05

FEE TRANSMITTAL for FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

| | |
|----------------------|-------------------|
| Application Number | 09/855,804 |
| Filing Date | May 16, 2001 |
| First Named Inventor | Linda Ann Roberts |
| Examiner Name | Jason E. Mattis |
| Art Unit | 2865 |
| Attorney Docket No. | BS00337 |

TOTAL AMOUNT OF PAYMENT \$180.00

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other
☐ Deposit Account Deposit Account No. 18-2167 Deposit Account Name:

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | | SEARCH FEES | | EXAMINATION FEES | |
|------------------|-------------|-----------------------|----------|-----------------------|----------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fees Paid (\$) |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | — |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | — |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | — |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | — |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | — |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|--|---------------|-----------------------|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 200 | 100 |
| Multiple dependent claims | 360 | 180 |
| Total Claims | | |
| — 20 or HP = — | x — | = — |
| Multiple Dependent Claims | | |
| Fee (\$) | Fee Paid (\$) | |
| — | — | |

HP=highest number of independent claims paid for, if greater than 3.

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|---------------|--------------|----------|---------------|
| — 3 or HP = — | x — | = — | |

HP=highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250.00 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(e).

| Total Sheets | Extra Sheets | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|----------------|---------------|
| — 100 = — | / 50 | (round up) x — | |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Supplemental IDS Fee

180.00

SUBMITTED BY:

| Name (Print/Type) | Registration No. (Attorney/Agent) | Complete (if applicable) | Telephone: |
|-------------------|-----------------------------------|--------------------------|----------------|
| Bambi F. Walters | 45,197 | | (757) 253-5729 |
| Signature | Date | | |
| Bambi F. Walters | 11/9/05 | | |

NOV 10 2005

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Maureen M. Pettine

Name of Person Faxing This Paper

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(37 CFR § 1.97(b)(3)).

Adjustment date: 04/24/2007 SFELEKE1
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11/14/2005 MBINAS 00000003-09855804

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Refund Ref:

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